OKIZU Supporting Families with Childhood Cancer

Okizu Family Camp Evaluation 2019

١.	Name (d	optional):						
2.	Please in	idicate t	he Fam	ily Can	np session	you attende	d:		
FC	I: April 26	5 - 28					FC 6: Aug 30 – Sept 2		
FC :	2: May 3 -	6					FC 7: Sept 6 - Sept 9		
FC :	3: May 17	- 19					FC 8: Sept 20 – 23		
FC ⁴	4: May 24	- 27					FC 9: Sept 27- 29		
FC !	5: Aug 9 -	12					FC 10: Oct 18 - 20		
4.	Which for How eas	format did you use for registration?YesNo asy was it to register your family for Camp Okizu? Please answer on a scale of 1-5, 1 being very and 5 being extremely easy.							
6.		lpful wa		aff with	assisting v	_	iion and preparation for the tremely helpful.	weekend? Please answer	
	I	2	3	4	5				
7.		•			•	t you receiv remely helpt	ed before Family camp? Pleaul.	ase answer on a scale of	
	l	2	3	4	5				
8.		nswer o ly welco	n a scal ome.	e of I-	5, I being	0	eekend by our staff? e, and 5 being		
	I	2	3	4	5				
9.	How hel				e you arriv	red on site?	Please answer on a scale of	I-5, I being not helpful, an	d

	How enjo 5 being e				vities for your family? Please answer on a scale of 1-5, 1 being not enjoyable, and
	I	2	3	4	5
11.1	Has your	suppor	t netwo	rk exp	panded as a result of Okizu's Family Camp?YesNoOther(please specify)
12. \	What did	you lik	e best a	bout (our food service?
13. \	What cou	uld we d	do to im	iprove	e our food service?
14.	Please te	ll us wh	at we co	ould d	do better.
15.	Please	comme	nt on w	hat th	ne experience of Family Camp meant for your family.
16.	Any addi	tional co	omment	s?	